

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
09/831453

FILING DATE

APPLICANT(S)

CLAIMS

-	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	10					
TOTAL DEP.	32	→	→	→		
TOTAL CLAIMS	42					

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TOTAL DEP.			→			→		→
TOTAL CLAIMS								